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CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

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	Office Use Only
CORPORATION NAME(S) & DOCI	UMENT NUMBER(S), (if known):
. R. A. Pott (Corporation Name)	ient care Staff?
·	(Southern 17)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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Walk in Pick up time _ Mail out	·
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION
ACT, HEREBY
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

RA PATIENT CARE STALL INC.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

2919 S.W 36 AVE MIAMI, FL 33133

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

ROSA M. AlVARGE 2919 SW 36 AVG MIAMI FL 33133

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE

ARTICLES OF INCORPORATION IS:
ROSA M. Alvanez
ROSA M. Alvanez 2919 SW 36 AVE
MEAMI EL 33133
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS DAY OF
SIGNATURE ARTICLE VI - DIRECTOR(S)
ARTICLE VI - DIRECTOR(S)
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):
ROSA M. AVARET. PRESIDENT
PRESIDENT.
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED
OFFICE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
REGISTERED AGENT SIGNATURE